



FW

Docket No. LUK1.PAU.01

Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :

Alison B. Lukacsko

Serial No.: 10/826,238

Filed: April 16, 2004

For: COMPOSITIONS AND METHOD
FOR TREATING BODY
MALODOR AND FUNGAL
OVERGROWTH IN MAMMALS

Examiner: Unknown

Group Art Unit: 1614

Irvine, California

August 18, 2005

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In compliance with the duty of disclosure set forth in 37 C.F.R. § 1.56 and in conformance with 37 C.F.R. §§ 1.97(c) and 1.98, applicant wishes to bring to the attention of the U.S. Patent and Trademark Office the following references listed on the attached SB/08 forms.

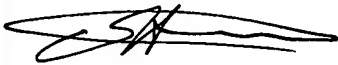
Copies of these references are enclosed herewith.

If the examiner believes that a telephone interview would help further the prosecution of this case, he is respectfully requested to contact the undersigned attorney at the listed telephone number.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 18, 2005

by Eric Hoover



Signature

August 18, 2005

Respectfully submitted,



Vic Lin

Registration No. 43,754

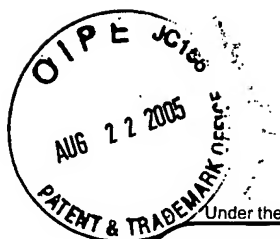
Myers Dawes Andras & Sherman LLP

19900 MacArthur Blvd., Suite 1150

Irvine, CA 92612

Tel: (949) 223-9600

Fax: (949) 223-9610



PTO/SB/08B (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/826,238	
	Filing Date	04/16/2004
	First Named Inventor	Alison B. Lukacsko
	Art Unit	1614
	Examiner Name	Unknown
Attorney Docket Number	LUKI:PAU.01	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	A	"Topical Suppression of Eccrine Sweat Delivery with a New Anticholinergic Agent," by R. D. Stoughton, M.D. et al., The Journal of Investigative Dermatology, pages 151-156	
	B	"The Antiperspirant Action of Topically Applied Anticholinergics," by F.S. Kilmer MacMillan, Ph.D. et al., The Journal of Investigative Dermatology, pages 363-377	

Examiner Signature		Date Considered	
---------------------------	--	------------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.